MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09058

CERTIFICATE OF DEATH

Reg. Dist. No. 272

1. PLACE OF DEATH: COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Henery	Barnes	Sept	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colord	Married	NOV 1 - 1879	69 yrs.	10	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Maryland St Marys	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Henery Barnes	Margaret Anna Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no no	—	Mrs Agnes E. Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4 d.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

610 83a

(b) Prostatic hypertrophy, urinary retention, Uremia

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2 Sept 1949, to 2 Sept, 1949, that I last saw the deceased alive on 1 Sept, 1949, and that death occurred at 1:40 A m., from the causes and on the date stated above.

SIGNATURE Roy Gruther (Degree or title) ADDRESS Mechanicsville DATE SIGNED 9/2/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 5 1949	St Joseph	Morganza Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept-3-1949	T. A. Amalia M.D.	Jos C. Mattingly	Leonardtown Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C9059

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) James (Middle) McKelvy (Last) Bryan
4. DATE OF DEATH (Month) Sept (Day) 3 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Mch 4-1898
9. AGE last birthday 5-1 yrs. If under 1 year Months 5 Days 30 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY 212-12-1986
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Jame McKelvy Bryan
14. MOTHER'S MAIDEN NAME Mary E. Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Saddie Carroll

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Animal arteriosclerosis	5 years
	(c)	

331
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1949, to Sept 3, 1949, that I last saw the deceased alive on Sept. 2, 1949, and that death occurred at 8.00 p.m., from the causes and on the date stated above.

SIGNATURE P J Beany (Degree or title) M.D. ADDRESS Great Mills, Md. DATE SIGNED 9-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 6-1949
NAME OF CEMETERY OR CREMATORY St Peters Clovers
LOCATION (City, town, or county) Ridge Maryland (State)
DATE REC'D BY LOCAL REG. 9-6-49
REGISTRAR'S SIGNATURE P J Beany M.D.
24. FUNERAL DIRECTOR Jas C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
SEP 8 1949
BUREAU F. S.

C9060

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Alexandra Dodson (Last) Dodson

4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 1949

5. SEX Male
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH July 31 1949
9. AGE last birthday ~~X~~ yrs. If under 1 year Months 18 Days 25 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mechanicsville, Maryland. Week
12. CITIZEN OF WHAT COUNTRY? ST Marys
13. FATHER'S NAME William Thomas Dodson Dodson
14. MOTHER'S MAIDEN NAME Sarah Inez Holley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Dehydration	1 wk
571.0	Antecedent cause(s)		
119a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diarrhea	2 wk
		(c) Gastro intestinal infection of unknown etiology	2 wk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 22, 1949, to Sept 23, 1949, that I last saw the deceased alive on Sept 22, 1949, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm D Boyd MD ADDRESS Leonardtown DATE SIGNED Sept 23 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/23/49
NAME OF CEMETERY OR CREMATORY ST. JOSEPH
LOCATION (City, town, or county) MORGANZA (State) MD.

DATE REC'D BY LOCAL REG. 9/23/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Jos. C. MATTINGLEY ADDRESS LEONARDTOWN MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09061

CERTIFICATE OF DEATH

Reg. Dist. No. 2-12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California, (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Robert (Last) Ennels
4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1949
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1/11/1882
9. AGE last birthday: 67 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Stephen Ennels
14. MOTHER'S MAIDEN NAME: Evelyn Bankins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT: James R. Ennels

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease — 2 years

420.1 / 94a Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Renal arteriosclerosis and hypertension — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Sept 21, 1949, that I last saw the deceased alive on Sept 20, 1949, and that death occurred at 12:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Benn MD — ADDRESS Great Mills Md — DATE SIGNED Sept 23 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 9/24/49 | NAME OF CEMETERY OR CREMATORY: Holy Face | LOCATION (City, town, or county) (State): Great Mills Md.

DATE REC'D BY LOCAL REG. 9-23-49 | REGISTRAR'S SIGNATURE Frank L. Camalier

24. FUNERAL DIRECTOR: P.B. Robinson — ADDRESS: Leonardtown, Md.

RECEIVED
SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09062

Reg. Dist. No. 282

#16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 3 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abell
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth Infant	Gass	Sept	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Infant	Sept 3-1949	— yrs.	—	—	3 hrs	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Maryland St Marys	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George F. Gass	Gertrude Getty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	—	George F. Gass

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature Birth (6 mo) —

755 / 157b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hair lip, cleft palate, Spina bifida —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 3, 1949, to Sept 3, 1949, that I last saw the deceased alive on Sept 3, 1949, and that death occurred at 7.00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Alapius C Welch MD	Chaptico Md	9/3/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 3-1949	Sacred Heart	Bush Wood St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 3-1949	R.a. Camalier M.D.	Jos C. Mattingly	Leonardtown Md

RECEIVED
SEP 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09063

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market
LENGTH OF STAY (in this place) 38 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location) R. F. D. # 1

3. NAME OF DECEASED (Type or Print) (First) Zachariah (Middle) Solmon (Last) Graves

4. DATE OF DEATH (Month) Sept (Day) 29 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 15-1859
9. AGE last birthday 90 yrs. If under 1 year Months 1 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Grave
14. MOTHER'S MAIDEN NAME Mary Ann Buckler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Miss Emma Grave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral hemorrhage

83a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Sept 29, 1949, that I last saw the deceased alive on Sept 28, 1949, and that death occurred at 12.45 A.m., from the causes and on the date stated above.

SIGNATURE Levin J Sosborn (Degree or title) M. D. ADDRESS Charlotte Hall Md DATE SIGNED 9/29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 1-1949
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) Laurel Grove (State) Md

DATE REC'D BY LOCAL REG. 10/1/49
REGISTRAR'S SIGNATURE Carmalier
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09664

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) G. (Last) Himmelheber

4. DATE OF DEATH: (Month) 9/23/49 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 9/18/49

9. AGE last birthday: yrs. If under 1 year: Months Days 5; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles M. Himmelheber

14. MOTHER'S MAIDEN NAME: Merrie Childrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Charles M. Himmelheber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 2 days

Antecedent cause(s) 762.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107 (b) Atelectasis — 5 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1949, to Sept 23 1949, that I last saw the deceased alive on Sept 23, 1949, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): P J Bean MD — ADDRESS: Great Mills Md — DATE SIGNED: Sept 24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9/26/49 — NAME OF CEMETERY OR CREMATORY: St. Marys — LOCATION (City, town, or county) (State): Annapolis Md.

DATE REC'D BY LOCAL REG.: 9/26/49 — REGISTRAR'S SIGNATURE: Emalier

24. FUNERAL DIRECTOR: P.B. Robinson — ADDRESS: Leonardtown, Md.

RECEIVED
SEP 28 1949
BUREAU V. B.

MV

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

9265

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md; MARYLAND; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Palmers; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Irvin	Mattingly	Sept	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 29 1918	31 yrs.	2	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Maryland St Marys	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clarence F Mattingly	Sarah B. Wallingsom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mrs Sarah B. Mattingly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Hemorrhage	immediate
825.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Basel Fracture of Skull	immediate
170c (c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture of left leg.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway	(CITY OR TOWN)	(COUNTY)	(STATE)
		Bremne	St. Marys	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
9	8	49	7 p.m.		Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Julian L. Lane	M.D.	Leonardtown, Md.	9/9/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 10 1949	Sacred Heart	Bushwood St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 9-1949	F. A. Camalier M.D.	Jos C. Mattingly	Leonardtown Md

VS. A15A

RECEIVED
SEP 14 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09066

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Maddox — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Maddox
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Arthur (Last) Parr			4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 1949		
5. SEX M	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 5-22-24	9. AGE last birthday 25 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farmwood		11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Sampson Simms			14. MOTHER'S MAIDEN NAME Mary Ellen Parr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mary Florence Parr		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Convulsion + haemorrhage	3 days
490 108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lobar pneumonia	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 19 9, to 9-19, 1949, that I last saw the deceased alive on 9-19, 1949, and that death occurred at 1020 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert V. Palmer	M D	Avenue Md	9-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9-22-49	NAME OF CEMETERY OR CREMATORY Sacred Heart	LOCATION (City, town, or county) Berkeley	(State) Md.
DATE REC'D BY LOCAL REG. 9-20-49	REGISTRAR'S SIGNATURE Robert V. Palmer	24. FUNERAL DIRECTOR W. C. Matting Sons	ADDRESS Lincoln Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1949
BUREAU T. A.

MARYLAND STATE DEPARTMENT OF HEALTH

09067

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Inigoes; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Inigoes; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) W. (Last) Shuebrook

4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 49

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: ? 1881

9. AGE last birthday: 68 ? yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) n

16. SOCIAL SECURITY NO.: none

17. INFORMANT: James I. Shuebrook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 2 days

606 Antecedent cause(s)

1356 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ascending infection of kidneys from bladder — 1 month

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17, 1949, to Sept 27, 1949, that I last saw the deceased alive on Sept 25, 1949, and that death occurred at 11.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A J Beam MD — Great Mills Md — Sept 29/49

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: 9/30/49 | NAME OF CEMETERY OR CREMATORY: Mt. Zion | LOCATION (City, town, or county) (State): St. Inigoes Md.

DATE REC'D BY LOCAL REG. 9/21/49 | REGISTRAR'S SIGNATURE: P. J. Beam M. D.

24. FUNERAL DIRECTOR: P.B. Robinson ADDRESS: Leonardtown, Md.

RECEIVED
OCT 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County: St Mary's

City or town: Rural - near Charlotte Hall

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: —

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: St. Mary's

City or town: Rural Charlotte Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Susanna Stoltzfus

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: ~~Married~~ Widowed

6.(b) Name of husband or wife: Stephen Stoltzfus

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): ~~Lancaster Pa.~~ 11/11/68

8. AGE: Years: 80 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Lancaster Co. Pa - (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER: 12. Name: Benjamin Lanty

13. Birthplace: Pa.

MOTHER: 14. Maiden name: Susie Lapp

15. Birthplace: Pa.

16. Informant: Benjamin L. Stoltzfus

Address: Charlotte Hall, Md

17. Burial (burial, cremation, or removal. Which?) Date thereof: 9/17/49 (month) (day) (year)

Cemetery or crematory: Farm Cemetery

Location: Charlotte Hall Rural

18. Funeral director: Hunt & Ryon

Address: Waldorf, Md.

19. Sept. 16 1949 (Date rec'd by registrar) Eleanor S. Canter, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 15 Sept 1949 at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 30 Aug 1949 to 15 Sept 1949 and that I last saw her alive on 6 Sept 1949

Immediate cause of death: Cardiac decompensation with hypostatic pneumonia — DURATION: 2 wks

Due to: Generalized arteriosclerosis

Due to:

Other conditions:

450.0 95c (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Roy Guyther, MD (M. D. or other)

Address: Mechanicsville Date signed: 9/16/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 20 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

19669

1. PLACE OF DEATH: COUNTY St Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 3 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural # 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital	STREET ADDRESS (If rural give location) Holly Wood

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Etta (Last) Wood			4. DATE OF DEATH (Month) Sept (Day) 13 (Year) 1949		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug 4-1898	9. AGE last birthday 61 yrs.	If under 1 year Months 1 Days 11 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (State or foreign country) Maryland St Marys	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Martin Long			14. MOTHER'S MAIDEN NAME Margaret Latham		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —	17. INFORMANT Clarence Wood		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fibrillation of Heart

502.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Emphysema

106b (c) Asthma & Chronic Bronchitis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1st, 1949, to Sept 13, 1949, that I last saw the deceased alive on Sept 19, 1949, and that death occurred at 2.00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Francis F Greenwell MD — ADDRESS Leonardtown Md — DATE SIGNED 9-13-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Sept 15, 1949	NAME OF CEMETERY OR CREMATORY St Joseph	LOCATION (City, town, or county) (State) Morganza Md
DATE REC'D BY LOCAL REG. Sept 14-49	REGISTRAR'S SIGNATURE F. A. Camalier M.D.	24. FUNERAL DIRECTOR Jos C. Mattingly	ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 16 1949
BUREAU T. S.